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ABSTRACT

This guide provides information on using the Illinois Child Care Subsidy System in order to assist Illinois early childhood education and care programs in collaborating with other agencies and programs to plan and provide quality, consistent early care and education services for low-income families and their children. The guide also discusses traditional and new approaches to collaboration, delineates benefits of collaborating with other programs and agencies, and provides information on working together and financing the partnership. The bulk of the guide details information on using the Illinois Department of Human Services (IDHS) subsidized child care program, a program combining state and federal dollars with parent fees to provide low-income families access to quality, affordable child care through either site-administered contractors or child care certificates issued through local Child Care Resource and Referral agencies (CCR&R). Details are provided regarding ways to collaborate with a site-administered contractor or a CCR&R, as are procedures for applying for subsidies and determining eligibility. A glossary provides definitions of terms related to collaboration. Seven appendices include a list of members of the Illinois Network of Child Care Resource and Referral Agencies, sample application forms, a delineation of the IDHS child care payment rates, a parent co-payment calculation worksheet, the IDHS child care fee scale, the IDHS request for redetermination information form, and the IDHS change of information form. (KB)

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GUIDEBOOK TO COLLABORATING WITH THE ILLINOIS CHILD CARE SUBSIDY SYSTEM

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GUIDEBOOK TO COLLABORATING WITH THE ILLINOIS CHILD CARE SUBSIDY SYSTEM

INTRODUCTION

FACTS:

- ***For all working parents, child care is a necessity.***
- ***Because many low-income, working parents change jobs often, young children are often moved from one child care setting to another.***
- ***Consistent, quality child care is too often not available or not affordable.***

The demands of life coupled with existing social policies sometimes leave parents in a paradox as they search for consistent, quality care for their young children.

QUESTION:

How can we as a community create a system of early care and education that is built on quality, equity, and accessibility -a system that receives the subsidies to ensure continuity and consistency for every child in the State of Illinois?

ANSWER:

We can plan and work together to assist families in developing a comprehensive early care and education plan that best meets the needs of the entire family.

COLLABORATION GOALS:

- **To ensure that all children are safe while their parents are working and/or going to school/training.**
- **To develop a system that promotes quality, consistency, and efficiency in early care and education for all children and their families.**
- **To prepare children to be "ready to learn" when they enter school and as a result, be more effective students.**

Children and families in Illinois have many needs and each may be getting only some of those needs met through their early childhood experience. The people who work in these programs would like to be able to provide more comprehensive support. Their ability to do so, however, is sometimes limited by funding thus making it difficult to enrich, expand, or enhance their services to meet the needs. As low-income families face increasing challenges, they also become frustrated that programs cannot provide the services they require.

A growing number of early childhood providers are seeking ways to partner with others in serving the many needs of families. In the State of Illinois, there are numerous coordinated efforts to improve the linkages between child care, pre-kindergarten, and Head Start programs, as well as local linkages between these programs and the health, mental health, and social services in the community.

This guide has been developed to assist you in collaborating with partners in planning and developing ways to efficiently provide quality, consistent early care and education services to children and families. This guide can assist you in:

- ☐ Traditional and New Approaches
- ☐ Recognizing the benefits of Partnerships
- ☐ Working Together
- ☐ Financing the Partnership
- ☐ Understanding and Using the State of Illinois Child Care Subsidy Program.

TRADITIONAL APPROACHES:

Within the Illinois Department of Human Services (IDHS), the Bureau of Child Care & Development is responsible for administering the **state's subsidized child care program**. The Bureau's primary goal is to provide low income families access to affordable, quality early care and education while they are working or participating in an approved education/training activity and ensuring that children are cared for in a safe, healthy environment that meets their developmental needs. The Bureau funds the Child Care Resource & Referral agencies and Site Administered contracted providers to create a delivery system in assisting families with their child care needs.

Early Childhood programs in Illinois normally offer a full day of care that coincides with traditional work hours. The delivery system is primarily a fee-for-service system in which parents, as consumers, purchase care for their children by paying a portion of the fee and the state paying the remaining balance. This fee is based on the family income and what they can afford to pay and not on the actual cost of providing care.

While many child care programs would like to offer health and social services, most lack the resources to do so. Limited family incomes and state reimbursement rates make it difficult to finance programs that provide enhanced services with intense staff training and support. Public child care funding streams generally are created to help parents work. They are neither funded nor designed to support comprehensive services for children and families.

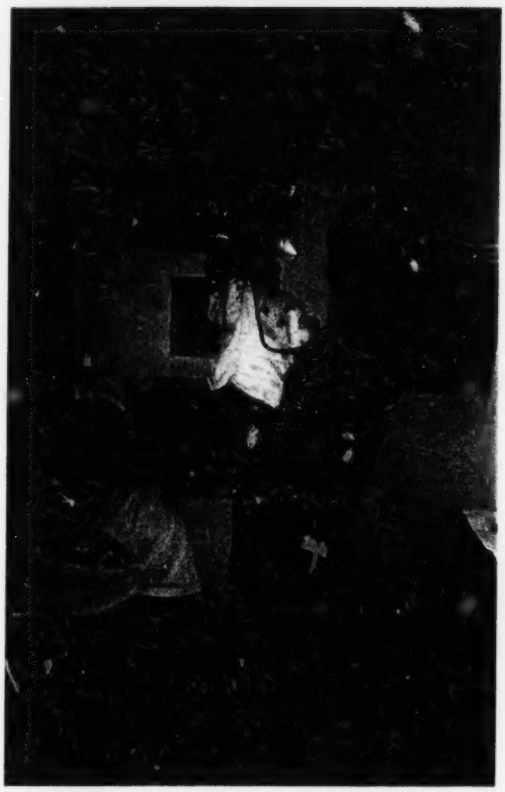
Head Start/Early Head Start is a national comprehensive child & family development program designed to help low-income children birth to age five, enter school ready to learn and succeed. It provides education, health, nutrition, parent involvement, and social services as well as services to children with special needs and their families. Head Start is unique because parents are given the opportunity to design, govern, and make decisions about the program that affects their children and families.

Head Start in Illinois is funded by the federal Administration for Children and Families, Midwest Hub-Region V, that awards grants to community agencies throughout the state.

For the most part, Head Start has half day slots in Illinois. Not only is Head Start not serving all of the eligible children and families, but also in Illinois, programs across the state are facing a rapid increase in the number of Head Start eligible children who need full day, full year services. Many programs lack the space, staff, and financial resources to develop full day, full year services. As a result, programs are seeking ways to expand current hours and days of service, while ensuring quality, consistent early care and education for young children.

The **Illinois State Board of Education Early Childhood Block Grant** includes three initiatives. *The Pre-Kindergarten At Risk Initiative* is an educational program for children ages 3-5 that also provides parents of participating children with educational and involvement opportunities. Pre-K At-Risk programs serve children who, because of their home and community environment, are subject to such language, economic, and like disadvantages that they are determined through a screening process to be at risk of academic failure. The screening component determines a child's eligibility and should be conducted on a community wide basis in cooperation with other similar programs operating in the local school district. The education component offers an appropriate

education program that includes parent education & involvement activities, activities which provide for student progress plans to be shared with parents, and contains language & literacy development opportunities for each child. *The Parental Training Initiative* is designed for parents of children in the period of life from birth to kindergarten enrollment age, with special emphasis on single and married parents who are expecting their first child within three months, or who have no children other than a child less than three years old. The program provides activities requiring substantial participation of and interaction between the parents and children. *The Prevention Initiative* is aimed at creating a partnership to support the development of infants and children from birth to age three by focusing on the child and family through a network of child and family service providers, offering coordinated services to at-risk infants, toddlers, and their families. This initiative provides case management services to coordinate existing services available in the community and develop an individual family service plan.



NEW APPROACHES:

As we all know, situations vary from community to community. Each program faces a unique set of circumstances that must be considered as the benefits of partnerships. Ideally, funding levels and program policies would allow all early care and education programs serving low-income children to enrich their services to meet the full range of needs of the children and families they serve. In the absence of such comprehensive policies, many innovative partnerships are forging ahead with new program designs that offer a combination of early childhood services. These initiatives combine the strengths of each partner and expand the reach and scope of the services they can offer to children and families.

These collaborative partnerships include single-site agencies, centers, family child care providers, and multi-service agencies serving one or more counties. They cover urban and rural communities. While some of the collaborations link the services of two or more separate organizations, some combine the programs offered within a single multi-service organization.

All of the early childhood partnerships have overcome significant challenges in their efforts to improve services for low-income children and families. Programs have used their partnership as a creative vehicle for positive change. Many early care and education providers contend with such issues as: inadequate salaries and benefits, limited resources for improving curriculum and materials, reimbursement rates, insufficient funds for constructing or improving facilities, and more in their efforts to offer high quality early childhood programs. These partnerships also faced challenges such as tax issues and differing funding policies in combining distinct programs. Yet these partners have been able to discover mutual benefits, establish trust, and overcome the reluctance to share resources and decision-making. Partners have also shown that it is possible to coordinate resources, satisfy the requirements associated with multiple funding streams, and enhance the quality of services for children and families.

While the collaborative initiatives vary in scope and design, they all enhance quality and expand services to children and families, that can include:

- ☐ full day, full year care and education that allow children to be safe and involved in a developmentally appropriate environment while parents are working and/or going to school.
- ☐ family support services that help families identify and use available resources within their community to meet their needs.
- ☐ health services that provide medical & dental screenings and follow-up services to ensure children's healthy development;
- ☐ parent involvement services that enhance parents' ability to nurture and support their children's development by encouraging them to more fully participate in the program.
- ☐ a commitment to quality that ensures that the programs' services meet all appropriate standards.

RECOGNIZING THE BENEFITS OF COLLABORATION:

- ☐ **Access to Health and Family Support Services** - children who receive Head Start services through a collaborative program would have access to health, nutritional, dental, disabilities and family support services that they would not otherwise receive.
- ☐ **Full Day, Full Year Early Care and Education** - by collaborating, programs can provide full day, full year early care and education to the families that are working or enrolled in training/school.
- ☐ **Continuity of Care** - programs can ensure "best practices," by collaborating to provide services at a single location instead of transporting children from one site to another for a full day of care. This provides continuity of care for children, who benefit greatly from a relationship with a primary caregiver in a single setting.
- ☐ **Operating Programs in a cost-effective Manner and Maximizing the Use of the Facilities** - by collaborating programs can avoid the challenge of finding new space and reduce start-up expenses.
- ☐ **Serving a Wider Range of Children** - collaboration opens the door for siblings to be enrolled at a single site for working parents. This includes children birth - school-age which may improve the experience for some children.
- ☐ **Quality Improvement** - collaborations are helping programs improve their access to additional resources. By combining resources, programs are able to: improve staff/child ratios, enhance staff/parent training, increase staff professional development, and purchase equipment & supplies.
- ☐ **Ability to Serve Rural Areas** - because transportation is sometimes an issue in rural areas, programs can partner at a single location and offer multiple services. This increases services available to families in low-density areas, while reducing transportation cost.
- ☐ **Ability to Offer More Options** - blending services allows parents several options to choose from and promotes parent choice. Parents can choose the early care environment that best meets the needs of the child.
- ☐ **New/Unserved Communities** - by collaborating, programs have been able to extend comprehensive services to new communities and populations.
- ☐ **Ability to Provide Flexible Hours of Services** -partnerships allow programs to offer more flexible hours that fit work or training schedule of the family.
- ☐ **Consistent Early Care & Education Systems Within the Community** - collaborating with other programs in the community promotes seamless services for low-income families and strengthens the local early childhood system and resources.

WORKING TOGETHER

♦ **Intra-Agency Work: Doing your homework** - Prior to finding a partner, a program should look at the community needs and decide the best way to meet the needs of children and families. An agency also needs to explore it's, "readiness" to be a partner. *"How are we doing on our own?"*

"Are services to families well-integrated within our own agency?"
"How well are we connected with other agencies offering services which our families need?"
"Do we need to change?"
"What resource limitations do we face in bringing more comprehensive services to our families?"
"How might closer relationships with other agencies help us improve outcomes for the families we serve?"
"How ready are we to engage in interagency partnerships?"
"Do the agencies serving children and families in our neighborhood, our school community, our city, our county, have a common vision of what they are trying to accomplish?"
"What is the history of cooperation and collaboration in our neighborhood, community, city/county? What lessons can we learn from past experience (or lack of it)?"
"What are we willing to pay in terms of tangible resources and loss of unilateral control to formulate common goals with other agencies and to better serve our shared families?"
"What is the reputation of the prospective partner?"
"Is the prospective partner financially stable?"

If there are sufficient benefits to collaborating to provide the services, a program should develop criteria for identifying a partner. Prospective partners should: 1) share a similar mission and vision; 2) be an agency which is "predisposed" to the cause; and, 3) be an agency which maintains a level of quality that would not require substantial changes to meet performance standards. A program must clarify its vision for a partner, goals for the partnership relationship, and what each will bring to the partnership.

♦ **Finding A Partner** - Once a program knows what kind of partner it is seeking, it can reach out to potential partners. This can be done in different ways, such as call and set-up meeting with agencies with whom you already have a successful relationship or send out a written notice in the form of a letter or Request for Proposal (RFP). Information given to potential partners should include the plans for the collaboration, an outline of the characteristics sought in potential partners, and initial goals for the collaboration.

When choosing a partner, organizations should:

- develop criteria and a method of evaluating suitability;
- consider only compatible partners.

♦ **Service Delivery** - "Planning Ahead" is the most frequently mentioned recommendation from existing collaborative partners. Both parties must spend adequate time planning together, making joint decisions and addressing issues that require careful consideration. Successful partners will have open and clearly identified

lines of communication, share ideas, learn each other's program, clarify expectations, involve prospective staff, and coordinate/define objectives and responsibilities. Also, involve the Illinois Department of Children and Family Services Licensing Representative during the planning stage. They can provide the partnership with guidance and technical assistance regarding licensing standards/issues.

- **Contracts and Agreements** - When combining the services of two or more programs, there should be a written contract of agreement that describes the parameters of the collaboration. It should include: an outline of the services to be provided; the responsibility of each partner to each service delivery area; the eligibility criteria of the children and families to be served; specific quality standards requirements; financial and/or other contributions that will be made by each partner; specific information about lines of authority for each element of the collaboration; reporting/communication schedule & method; program monitoring & evaluation tools and responsibilities; and specific legal issues. It is always advised that agencies consult an attorney and their Governing Board when executing written contracts and/or agreements.

FINANCING THE PARTNERSHIP - Two closely related issues involved in financing a partnership are the parameters and requirements of the funding streams and how to share and account for financial resources. Partners must ensure that they are sharing resources in a manner that achieves the goals of the collaboration and are providing appropriate accountability for funders.

- **Multiple Funding Streams** - As partnerships blend or braid funding streams to provide services to children & families, they will face many challenges and conflicting requirements. Each funding source has its own set of eligibility and reporting requirements that requires programs to ensure that expenses are allocated to the correct source. Because some funding sources view programs in terms of service hours and slots, partnerships must translate their services into terms that can be easily understood by and meet the requirements of all funding sources. Partnerships also need to clarify terms and definitions used by the funding source, i.e., How many hours a day constitutes a full day of service? How many hours a day constitutes a half day? How many months constitutes a full program year?
- **Sharing and Accounting for Financial Resources** - There are many ways to share and account for the cost of services provided by the collaboration. Programs must determine how to divide the cost of services between the budgets of each partner.

A. **Blending or Braiding Budgets** is when partners put their funds together and allocate costs based on the particular program components. This allows all children to receive the same services and requires the administration to sort out the finances for the funders.

B. **Shared Cost Based on Eligibility** requires programs to allocate a cost per child amount for services and reimburse the partner that amount for each child receiving the services.

C. **Sharing Services, Not Money** gives each partner the responsibility of providing a part of the menu of services. The total menu of services for children and families is coordinated between the programs.

D. **Using Certificates** allows part day programs to extend their services to full day by assisting parents in obtaining a child care subsidy voucher to pay for the child care part of the day for working families.

E. **Parent Fees** are paid by parents in child care programs. This fee is on a sliding scale and is based on the family income and size. For Head Start and ISBE Early Childhood Block Grant programs there are no parent fees. Collaborations have handled this issue by: charging the parent fee based on the child care part of the day or using other funding to offset the parent fee amount.

UNDERSTANDING AND USING THE STATE OF ILLINOIS CHILD CARE SUBSIDY CERTIFICATE SYSTEM IN COLLABORATION

General Description of the System:

The IDHS Subsidy child care program provides low-income families access to quality, affordable child care that allows them to work and contribute to the healthy emotional and social development of the child. The program combines state and federal dollars and assesses parent fees to serve all working families whose incomes are below 50 percent of the state median income. All families are required to cost-share on a sliding scale based on income, family size, and number of children in care. Gross income from wages and salaries is reduced by 10 percent when determining eligibility and assessing parent fees. In addition to helping working families, the child care system serves families who are receiving TANF and participating in education and/or training in accordance with their Responsibility and Service Plans and teen parents seeking a high school degree or its equivalent. The program also serves a limited number of families who work, do not receive TANF and are pursuing additional education to improve their job opportunities. Families may access state child care subsidy services in two ways:

Site-Administered Contractors, are early care and education programs located throughout the state that have a contract with the Illinois Department of Human Services-Bureau of Child Care & Development. Currently, there are more than 175 child care providers, serving more than 23,000 children. Child care services are provided for children from six (6) weeks to age thirteen (13). Site-administered contractors include both center-based, and family child care home networks that are for-profit or nonprofit agencies. These contractors are licensed facilities that provide child care services for a specific number of eligible children full-time, part-time, before and after school. Parents should contact the site to see if there are child care slots available and to see if they are eligible. If a parent wishes to apply for child care assistance and appears to meet all the eligibility requirements, the site-administered program will give them an application and assist them in completing the application process.

Child Care Certificates: the parent accesses services through the local Child Care Resource & Referral (CCR&R) agency serving their county. There are seventeen (17) Child Care Resource & Referral agencies located throughout the state. ***(See CCR&R Agency List and Map-Appendix A)*** Child care is provided full-time, part-time, before and after school for children six (6) weeks to age thirteen (13) years of age. Parents should contact the CCR&R subsidy department and find out if they are eligible and request an application. The CCR&R referral department can provide parents with a list of providers with available subsidy slots so parents can choose the child care provider who best fits their individual needs. Families who use the subsidized child care certificate system can choose licensed and licensed-exempt child care centers and family homes, licensed group child care homes and in-home/relative care. By request, the Child Care Resource & Referral subsidy staff will provide assistance on completing the application process.

Things To Think About in Collaborating with the State Child Care Subsidy Certificate system:

1. Eligibility determination should be made by the CCR&R program for families who select the certificate option.
2. CCR&R will only process applications for number of eligible families for which the program has available slots. The CCR&R **does not** have the staff resources to process child care applications for all children on Head Start waiting list, but rather only as slots become available.
3. If the Head Start program uses the certificate system, all paperwork is sent to the local CCR&R agency for processing. Therefore, Head Start staff should work closely with the CCR&R subsidy staff in completing this process.

To collaborate with a site-administered contractor - Contact the local child care provider and explain that you would like to collaborate to provide full day, full year early care and education services for children who are currently enrolled in a ½ day program, but need full day due to parent(s) working or going to school/training. Schedule a meeting to discuss the details of how this collaboration can work to meet the needs of children and families. For example, while providing the family support and health services using Head Start staff, Head Start programs can subcontract with a child care provider to provide the full day, full year services at their site and pay them directly for the Head Start portion of the day (3.5 hrs.). The child care program would bill the state for the child care portion for the day (5 hrs. or more). The plan would be made based on the eligibility of the family, the number of available slots and the ability of the child care program to meet the Head Start Performance Standards. Another example is where the Head Start and child care center share space and other resources, rather than only paying a "per deim" cost for services. In a third scenario, the Head Start program could assist the parent in identifying a subsidized child care provider within the Head Start transportation area and transport the child to and/or from the half-day Head Start program. All of these arrangements require careful planning and scheduling on the part of both parties and need to take into account what the parent decides is best for their child.

To collaborate with a CCR&R -Contact the local CCR&R subsidy coordinator and explain that you are planning to serve children of working parents full day, full year and would like to schedule a meeting to discuss how the certificate system could be used to fund the childcare part of the day for those children identified. If other programs have space to expand slots to full day, full year and just need funding for that portion of the day and year, they can assist parents in completing an application with the local CCR&R-subsidy department. The CCR&R subsidy department is responsible for processing the child care application for the subsidy certificate. Head Start programs can provide the services and submit reports to the CCR&R for payment. This method allows children to stay at the Head Start site throughout the day.

Completing & Reviewing the Child Care Application: It is imperative that programs collaborating with the child care system understand the following three things:

1. The application must be completed correctly in order to determine eligibility.
2. **Do not send** anything to IDHS Bureau of Child Care & Development in Springfield. The site-administered contractors and the CCR&R subsidy units will process the eligibility information/application.
3. The final determination for eligibility will be made by IDHS Bureau of Child Care & Development.

Eligibility:
To be eligible for child care, the family MUST reside in Illinois and be BOTH income eligible and service eligible.

IL Subsidy Child Care Definitions:
"Family" means the applicant, his/her spouse, and the biological, adoptive, or stepchildren of the applicant or his/her spouse under the age of 21 living in the same household.

"Applicant" means parent for or recipients of child care assistance.

"Family Size" is determined by identifying only those people who fit into the definition of family stated above.

Service Eligibility:
In order to be "service eligible" for child care assistance, a family MUST be involved in one of the following activities:

***Employment** - Only the child care necessary for the parents to work will be approved.*

***Education and Training for TANF Families** - The education/training program must be approved by the family's TANF caseworker and included on the Responsibility Service Plan.*

***Education & Training for Non-TANF Families** - Families who do not receive TANF cash grants and are participating in below secondary education, non-degree occupational/vocational training programs, and 2- and 4-year college degree programs are eligible for child care assistance provided funds are available.*

***Teen Parents** - A parent who is under 20 years old and is enrolled in high school or a GED program is eligible for child care assistance as a "teen parent."*

***Employment & Education Training** - Only the child care necessary for the parent(s) to work and participate in the education/training will be approved.*

Income Eligibility: *To be eligible for child care, a family must meet the income guidelines for their particular family size. The family income includes the income from all family members age 18 and older.*

Income Categories

Family Size	Annual Income
2	$17,663
3	$21,819
4	$25,975
5	$30,131
6	$34,288
7	$35,067
8	$35,846

Completing the Child Care Application: Instructions on how to assist parents on completing a Child Care Application. ***(See child care application-Appendix B)***

1. Each box/blank on the application is to be completed. If the information requested does not apply to the applicant, enter one of the following: Zero (0); "NA"; or "/".
2. Applicants are required to submit two (2) paycheck stubs with their application. Paycheck stubs must be submitted from employers who issue paychecks. If the parent does not submit any paycheck stubs, parents must ask employer to send a letter on company letterhead and state the following: Employee's name, Hours worked each week, Hourly wage, and signature of employer. If a letter from the employer is submitted, child care can be approved for only three months. The parent must submit paycheck stubs at the time of redetermination.
3. ***Client Name & Address***: enter the client's name & address.
4. ***Return to:*** enter the site administered Provider's or the CCR&R name & address.
5. ***Applicant Information***: enter both First and Last names; enter complete street address, including apartment numbers; enter the name of the city where the applicant lives; enter the complete zip cade; enter the county, enter the home and work telephone numbers; enter the applicant's social security number. If the applicant refuses to give the number, enter "Applicant Refuse;" enter the applicant's date of birth-month, day, year; enter the gender of the applicant.
6. ***Reason for Child Care:*** check one of the boxes as follows: 1-Employment, including on-the-job training; 2-Training/Education; 3-TANF clients in training and employment; or 4-Non-TANF client education and training test program.
7. ***Employment Information:*** enter employer's name and address. **or**
8. ***School Information:*** enter name and address of school or training program.
9. ***Date You Started Working:*** enter the date applicant began working at this job. If applicant has been employed there for a long time, enter an approximate date.
10. ***Health Insurance:*** indicate whether the applicant is receiving health insurance from his/her employer. This information is being tracked by Dept. of Health & Human Services.
11. ***Hours at Work or Hours at School:*** enter applicant's work or school schedule. Complete the begin time and the end time.
12. ***Schedule Variance:*** check a box to indicate whether work or school schedule varies by: days, hours, or on a rotating schedule.
13. ***Pay Schedule:*** check the appropriate box of how often applicant is paid.
14. ***Hours Worked:*** enter the number of hours worked each week. Can be an average or range.
15. ***Hourly Wage:*** enter applicant's hourly wage. If not paid hourly, enter monthly salary.
16. ***Travel Time:*** enter the amount of time it takes the applicant to go from child care to place of employment or school and from place of employment or school to child care. This should NOT include travel time from/to home.
17. ***Other Parents/Stepparents Information:*** if there is another parent or stepparent in the home, complete this section on that person as you did for the applicant.

18. ***Family Size:*** enter the total number of adults and children living in the applicant's home.
19. ***Family Monthly Income:*** enter the monthly gross income from employment for all family members, including tips and self-employment. The **two** most recent pay stubs should be submitted and the amounts should equal to the amount entered in this box.
20. ***Child Support*:** enter and add the amount of monthly child support received by the family , if applicable.
21. ***Child Support Paid:*** enter and subtract the amount of child support paid monthly by the applicant's family, if applicable.
22. ***TANF Cash Assistance:*** enter and add the amount of the applicant's monthly TANF cash assistance. If receiving TANF assistance, applicant will have an award letter from IDHS stating their monthly cash assistance amount.
23. ***Other Federal Cash Assistance:*** enter and add the monthly total of any other federal cash assistance the family receives. This includes social security and railroad retirement benefits.
24. ***Other Monthly Income:*** enter and add any other monthly income the family receives.(see inclusive list on Child Care Application)
25. ***Total Family Income:*** enter the total of all monthly income for the family.
26. ***Housing Cash Assistance:*** enter the cash value of the housing assistance voucher, if applicable. (For federal reporting purposes only; does not count in the total family income)
27. ***Information For Children Receiving Child Care:*** enter the following information on each child who will be receiving child care: first and last name; gender; race; birth date; and social security number.
28. ***Child Care Arrangement:*** enter the full name of the child care provider.
29. ***Date Provider Began Caring for Children:*** enter the date that this provider began care for the children listed. This date may actually predate the application.
30. ***Child Care Arrangement Chart:*** enter the names of the children with the above listed provider; enter the schedule(s) for each child, include begin and end times; enter the daily rate for each child (rate to be charged to IDHS).
31. ***Child Care Schedule Variance:*** check the correct box if there is any variance in the child care schedule. Any variance should match that of the parent's work/school schedule.
32. ***More Than One Provider:*** check yes or no to indicate whether family will be using more than one provider. If YES, each provider needs to complete steps 28-46.
33. ***Parent Co-payment:*** parents need to read this section and understand that they will be required to pay a co-payment to the provider which is based on the family size and total family income. This payment will be made by the parent on an agreed schedule set by the parent and provider.
34. ***Maximum Rates:*** provider needs to review this section. This is the amount that the provider will be reimbursed by IDHS per child/per day. ***(See Child Care Rates Chart-Appendix C)***
35. ***Child Care Provider Signature:*** the person/agency needs to review, sign, and date this section.
36. ***Applicant Certification:*** applicant needs to review and understand this section.

37. **Applicant's Signature:** applicant need to sign and date application certifying that all information is true, correct, and that they understand their right's as an applicant.

38. ***Provider Information:*** this section is to be completely filled out by the child care provider. The following information must be included: Name of the provider, street address, city, state, zip code, telephone number, county, social security number, Fein number, if corporation or partnership; Government Unit Code, if public school or park district, and date of birth.

39. ***Parent or Stepparent:*** provider must indicate whether they are the parent or stepparent of any of the children for which child care is being requested.

40. ***Legal Care Arrangements:*** the provider must check a box indicating the provider type which best describes them

41. ***DCFS License Number:*** if the facility is licensed by the Dept. of Children and Family Services for child care, the provider must give their assigned license number.

42. ***License Capacity:*** provider must give the number that they are licensed to care for as listed on the license.

43. ***License Expiration Date***: provider must give the date the license expires that is listed on the license.

44. ***Provider Certification***: to be read, understood, and agreed to by the provider.

45. ***Convictions***: provider must check YES, if they have been convicted of anything other than a minor traffic violation or NO, if they have not been convicted. If YES, the provider must explain in detail what the conviction was for and the final results.

46. ***Child Care Provider Signature***: provider must sign and date, certifying that they have read and answered all statements truthfully. Also that they know and understand the rate they will receive and their rights and responsibilities as a child care provider as stated.

47. The application must be completed correctly with no spaces left blank in order to determine eligibility.

48. Once the application is completed, either mail or return the application to the site administered location or the local CCR&R-child care subsidy office for processing.

49. Within ten (10) business days of receipt of application, one of the following will occur: Parent(s) will receive a) written notification of approval of child care payments, or b) written denial of child care payments, or c) written request for additional information.

50. The final determination for eligibility will be made by IDHS-Bureau of Child Care & Development.

Assessing the Parent Co-Payment:
Instructions on how to assess an applicant's co-payment using the worksheet .
(See Co-Payment Worksheet - Appendix D)

- *all families receiving child care subsidy assistance are expected to share in the cost of their child care services, called the Parent Co-Payment. The only exceptions are certain Responsible Payee (RPY) cases.*
- *the parent co-payment is determined by the parent's calculated annual income, family size, number of children in care, and number of hours of care. Only one co-payment is assessed per family. Use of the worksheet is strongly recommended. This should be completed at initial intake and at each redetermination.*
- *parent's must be given written notice of their parent co-payment for the subsequent eligibility period. While the IDHS Approval Letter is the official notice, the provider should give the parent written notification of their co-payment and a schedule of when co-payment is to be made.*
- *it is the responsibility of the provider to collect the co-payment from the parent.*

Instructions on completing the Parent Co-Payment Worksheet:

1. Enter the applicant's name.
2. Enter the applicant's case number or social security number.
3. Enter the applicant's gross income from the earliest dated pay stub in the first box according to pay frequency.
4. Enter the applicant's gross income from the latter pay stub on the second line according to pay frequency.
5. Enter the other parent/stepparent's gross income from the earliest pay stub on the third line according to pay frequency.
6. Enter the other parent/stepparent's gross income from the latter pay stub on the fourth line according to pay frequency.
7. Enter the gross income from any other adults in the family on the fifth and sixth lines according to pay frequency.
8. Total the income amounts entered in each of the four columns: weekly, bi-weekly, semi-monthly, monthly.
9. If pay stubs #1 and #2 are not the same for each adult, average the two pay stubs.
10. Adjust to monthly income. Multiply average income according to pay frequency by:
    Weekly - 4.333
    Bi-Weekly - 2.1666
    Semi-Monthly - 2
    Monthly - 1
11. Reduce the gross monthly income by 10%. Do Not do this for self-employed applicants.
12. Enter the Adjusted Monthly Income from Salary.
13. Enter all additional monthly income for the family. ADD this income to the figure on line 12.
14. Enter any child support paid out by the family. SUBTRACT this from this from the Adjusted Monthly Income from Salary.
15. Enter amount of each column.
16. Add the total of each column.
17. Multiply line 16 by 12. Enter this figure on line 18 to determine eligibility and assess co-payment.
18. Enter the family size.
19. Enter the number of children in child care. Enter the number in full time care and the number in part time care.

20. Assess the parent co-payment by using the following charts in the Child Care Handbook: ***(See Exhibits - Appendix E)***
Exhibit 6 - all full time children
Exhibit 6 - 2 or more FT Children/any PT Children
Exhibit 7 - all part time children
Exhibit 8 - 1 full time child/1 part time child
Exhibit 8 - 1 FT child/ 2 or more PT children

Request for Redetermination Information Form 3455E: ***(See Redetermination Form-Appendix F)***

1. **Child Care Case Number-**if this is not a computer-generated redetermination form, enter the client's case number. This would be their TANF case number, Z-case number, or shared-case number.
2. **Client** - if this is not a computer generated form, enter the client's complete name and address.
3. **Provider(s)** - if this is not a computer-generated form, enter the name and address of the site the child attends.
4. **Phone Number** - list a phone number where the parent can be reached during the day.
5. **Working** - indicate whether the client is working by checking yes or no.
6. **Attending school or training** - indicate whether the client is participating in school or training by checking yes or no.
7. **Employment/School Information** - complete the name & address of the parent's employer or the school/training program they are attending.
8. **Date you began working** - enter the date the parent started working for the listed employer.
9. **Health Insurance** - indicate whether the client has health insurance through their employer by checking the appropriate box.
10. **Pay Schedule** - check the appropriate box to indicate how often the client is paid.
11. **Hours Worked Each Week** - enter the number or average number of hours the applicant works each week.
12. **Hourly Wage** - enter the current wage as appropriate.
13. **Travel Time** - enter the usual amount of time it takes to get from the provider to work or school and from work or school to the provider. If the travel time is more than one (1) hour each way, the parent must submit documentation such as a bus or train schedule..
14. **Work or School/Training Hours** - list the applicant's work and/or school schedule.
15. **Schedule variance** - check the appropriate box if the work/school/training schedule changes.
16. **Other Parent Information** - indicate whether there is another parent living in the home. If there is another parent in the home, complete the information for the other parent in the household.
17. **Family Income** - applicant's must answer each of the 4 questions about their family.
18. **Gross Employment Income** - enter the Gross Employment Income for the applicant in the first box and enter the Gross Employment Income for all other members of the family over 18 years in the second box.
19. **Self-Employment Income** - enter the applicant's self-employment income in the first box and the self-employment income for all other family member's in the second box.
20. **Child Support Income** - enter the child support amount that is received by the family.

21. **TANF Cash Assistance** - enter the TANF cash assistance received by the family.
22. **Other Federal Cash Income** - enter other family income from federal benefits programs.
23. **Other Monthly Income** - enter other family income from the listed miscellaneous income.
24. **Subtotal** - subtotal the income listed thus far.
25. **Child Support Paid By Applicant's Family** - enter the amount paid out by the family for child support. Subtract this figure from the subtotal.
26. **Total** - this is the amount that will be used in determining eligibility and parent co-payment.
27. **Housing Cash Assistance Including Vouchers With Specific Cash Value:** - enter the amount of housing cash assistance received by the family. *This is for federal reporting and is not added to the family income.*
28. **List The Children Cared For By Each Provider** - if this is not a computer-generated form, enter the name of the provider. Enter the child care schedule and age for each child for whom child care is requested. If a child attends your program on a full-time basis and a part-time basis, enter that child on one line for each schedule. If there is a need for more than four lines, use the one's under Provider #2 and #3. If you do this, enter "Same As Above" on the lines for the provider name.
29. **Client's Signature** - the applicant must sign and date this certification.

Change in Case Information: The Change of Information form must be completed to change case eligibility information during the current eligibility period. ***(See Change in Information Form - Appendix G)***

- submitting the change of information form **will not** change the eligibility period dates.
- submitting the change of information form **may** change the client's eligibility or the amount of co-payment assessed.
- the change of information form must have the effective date completed. If this is not completed , information will be changed effective the first of the month after the client's signature date.

Instructions for completing the Change in Case Information:

1. Enter the client's child care case number and approval ending date as shown on the approval form.
2. Enter the client's name and address.
3. Enter the provider information:
   *provider name
   *FEIN #
   *indicate if tne parent co-pay is assessed by this provider
4. If the client has a second provider, enter the second provider's information. (Same as #3)
5. Enter the effective date of the change. **This date must be completed for all changes.**
6. Enter the change in client information. Complete all areas that apply to the requested change.
   *Name change
   *Reason for name change
   *Marital status change
   *Change is family size
   *Reason for family size change
   *Indicate if the change requested is a change in income for the applicant, spouse, or both.
   *New total monthly income

7. Complete the wage and income changes for the applicant. Unless indicated all other income from previous eligibility form will remain in effect.
   *New hours per week
   *New hourly wage
   *Change in other income
   *Total monthly income
   *Reason for change
   *New employer name
   *New employer address
   *New employer phone number
8. Enter the income changes for the spouse in the same manner, if applicable.
9. Enter the spouse information if it has changed from the previous forms you have submitted.
   *Spouse's name
   *Social Security number
   *Date of birth
10. Complete the applicant's change work/school schedule if you are reporting a change.
   *Give an example of the applicant's work schedule for a week. Actual times worked may vary but an estimate of hours is required.
   *Give an example of the applicant's hours at school or in training.
11. Complete the spouse's change in work/school schedule if you are reporting a change. Same as above.
12. Complete the change in number of children in care if a child has been added or deleted from the family. Remember you may also need to change the family size.
   *Indicate if you are adding or deleting a child
   *Name of child
   *Date of birth
   *Gender
   *Social security number of the child
   *Ethnic origin
   *Provider's name
   *Daily rate
   *Indicate if the child is in full time or part time care
   *If a child is added to the family, a child care schedule must be completed in item number 14
13. Enter the change of provider and/or rate change for each child, if applicable.
   *Child's name
   *Daily rate
   *Indicate if the child is in full time or part time care
14. Enter the child care schedule change for each child, if applicable.
   *Child's name
   *Indicate the daily hours the child will be in care
15. Complete any comments which might be necessary to make sure the change is fully detailed.
16. The client must sign and date this form. If the effective date is omitted in error the change requested will be effective the first of the month following the client's signature.
17. The provider must sign and date this form.

Billing Process:
Once application(s) are successfully submitted to the local CCR&R subsidy unit for processing, the program will receive a computerized list from IDHS of the children who are approved for child care subsidy at the Head Start site. It is the programs responsibility to check for accuracy/make corrections/complete days of attendance and submit to the local CCR&R for payment processing. A check will be sent to the program within 3-4 weeks.

Subsidy Child Care Case File Information:
Each case file must include the following:

1. The original child care application
2. The original of any and all subsequent redetermination forms
3. Copies of all required documentation:
   - ✓ 2 pay stubs per eligibility period
   - ✓ Income verification letters/forms for new jobs or cash employment
   - ✓ Class schedules or letters confirming enrollment, if applicable
   - ✓ A copy of the Responsibility and Service Plan, etc., if applicable
   - ✓ Letters from certified professional supporting medical conditions, if applicable
   - ✓ Bus or train schedules supporting travel time if one way exceeds 1 hour
4. A copy of your calculations of monthly and annual income for eligibility determination and co-pay assessment. This could be the Copayment Worksheet
5. Case notes-notations made on each eligibility relevant conversation with each parent.
6. Copies of all Approval, Denial and Cancellation letter for each case.
7. Copies of any correspondence on this case from parent, IDHS, etc.

CONCLUSION:

Tips For Successful Collaboration

1. Head Start families are often unfamiliar with parent fees and must be provided information and education.
2. Child Care, Head Start, ISBE and CCR&R agencies that are collaborating to serve children and families should develop working relationships, have clear & open lines of communication, share training and professional development calendars, and increase knowledge of the others' programs and policies. This can be done by scheduling joint meetings, and by sharing newsletters, informational publications, and program reports.
3. All partners must become familiar and knowledgeable about the language used in the respective programs. For example, full day in Head Start means 6 hours and full day in Child Care means 5 hours or more. In Head Start, the funds are attached to the program options and services delivered, not the hours the child spends each day in the program. Child Care reimbursement is tied to the hours the child spends each day in the program.
4. Realize that in order to serve children and families, all parties must be willing to "conquer the barriers."
5. Collaboration is not a quick fix for many of the vexing problems a program faces. It will not build affordable housing, end poverty, or stop the tragedy of abuse and neglect.
6. Collaboration is a means to an end in itself. Programs must ask what problem's collaboration is designed to solve prior to proposing collaboration as the means to solve them.
7. Developing interagency collaboration will not create resources. Collaboration is not always the best investment of resources; depending on local needs and circumstances, some services may be better provided without multiple agency involvement.
8. Collaboration occurs among people–not among institutions. Workers must be supported at each level of organization where collaboration is expected to take place. Interagency agreements–important institutional mechanisms to clarify, formalize, and spell out relationships and avoid misunderstandings among agencies–must be structured to support interactions at all levels.
9. Creative problem-solving skills must be developed and nurtured in those expected to collaborate. Among these skills are the ability to deal with the ambiguity and stress that increased discretion brings. If workers are expected to share responsibility, they must be provided with backup support and guidance to assure that this autonomy is wisely employed.
10. Collaboration is too important a concept to be trivialized. If the very real needs of children and families are to be met, service providers must find ways to meet these needs more comprehensively and more holistically. Ultimately, this will require more careful, considered, and extensive collaboration.

Successful Program Contacts:
The following Head Start programs, along with IDHS Child Care Subsidy program and their local CCR&R agency have successfully worked together to develop a collaborative partnership to serve children enrolled in Head Start full day, full year whose parents are working or participating in school/training.

Collaborating with CCR&R Certificate/Voucher System:

Catholic Charities of the Diocese of Joliet Head Start
Director: Kathy Fudge White
Phone: (815) 723-3405

Heartland Head Start
Director: Deborah Ditchen
Phone: (309) 662-4880

Riverbend Head Start
Director: Anita Rasch
Phone: (618) 463-5950

Collaborating with Site Administered Child Care Providers:

City of Rockford Human Services Head Start
Director: George Davis
Phone: (815) 987-5480

Peoria Citizen's Committee for Economic Opportunity Head Start
Director: Jennett Spicer Caldwell
Phone: (309) 671-3960

Wabash Area Development, Inc.
Director: Donna Emmons
Phone: (618) 963-2387

Western Egyptian Economic Opportunity Council Head Start
Director: Mary Frazer
Phone: (618) 965-3313

Collaborating with Pre-kindergarten Programs:

Union District 115
(309) 627-2371

Roseville Dist 200
(309) 426-2157

St. Clair/Shiloh Village SD 85
(618)632-7434

St. Clair/O'Fallon CCSD 90
(618) 632-3670

A COLLABORATION GLOSSARY

Agreement: *A written contract between two agencies for the conduct of all or part of program services.*

Applicant: *The parent or other primary adult caretaker(s) who is responsible for the child(ren) when parents(s) is not available due to special circumstances.*

Assessment: *Observation, research, and other ways of learning about current situation, environment, or status of performance.*

Care & Education: *Services that nurture the development, learning, and well-being of young children and their families. Care and education programs include Head Start, child care centers, family child care homes, and private and public preschool programs.*

CCR&R: *Child Care Resource and Referral*

Certificate: *Refers to the portion of the IDHS Child Care Program managed by the CCR&R agencies. The CCR&R determines eligibility and makes arrangements with providers.*

Collaboration: *A process by which agencies formally commit themselves on a long-term basis to work together to accomplish a common mission. This partnership necessitates a sharing of resources, power, and authority. It also requires organizations to blend their strengths as well as negotiate their differences with an underlying attitude of trust.*

Community: *A neighborhood, county, city, catchment area, school attendance area, or other formal service district.*

Community Assessment: *Gathering information about a community's needs, resources, and preferences to guide decision making. Most effective when it is an ongoing process that provides a way for the community to learn about and connect people with resources.*

Comprehensive Services: *Education and resources that ensure that a broad range of care and support is available to children and families.*

Continuity: *Support for children and families to ensure that experiences and expectations in one setting are connected to and meaningful in new settings. Settings include homes, child care centers, Head Start, family child care, and other places that offer care and education services.*

DCFS: *Illinois Department of Children and Family Services.*

Delegate Agency: *A public or private nonprofit organization or agency to which a grantee has delegated by written agreement the carrying out of all or part of its Head Start program.*

Family: *The applicant, his or her spouse, and the biological, adoptive, or stepchildren of the applicant or his or her spouse under the age of 21 living in the same household. The applicant may include in his or her family size, other persons related by blood or law to the applicant or his or her spouse living in the same household if they are dependent upon the family for more than 50% of their support. The applicant may include in his or her family a child of the applicant or his or her spouse under the age of 21 who is dependent upon the family for more than 50% of his or her support and who is a full-time student away at school, provided he or she has not established legal residence outside the family residence.*

Full-Time Child Care Rate: *Refers to the rate for enrollment and/or attendance that is five (5) or more hours each day.*

FY: *Refers to the Fiscal Year–note that the State fiscal year is July 1-June 30; each Head Start program's fiscal year varies; and federal fiscal year is Oct. 1-Sept. 30.*

Grace Period: *The temporary periods of time when, in occasional situations, a subsidized child care parent may need continued child care services but is not working or in school.*

Grantee Agency: *A local public or private nonprofit agency designated to operate a Head Start program.*

Head Start Program: *A program that is funded under the Head Start Act and carried out by a Head Start grantee or delegate agency, which provides ongoing comprehensive child development services.*

HSPS: *Head Start Performance Standards.*

IDHS: *Illinois Department of Human Services.*

Income Eligible: *A family is considered "income eligible" when the combined gross annual income of all family members is at or below the income guidelines*

Infant: *A child whose age is less than fifteen (15) months.*

ISBE: *Illinois State Board of Education*

Parents: *The phrase "parents or other relatives" refers to applicants or recipients of child care services. They include: a)Parent-biological, adoptive or adjudicated through IDHS or Court System, stepparent, legal guardian; b) Relatives- natural or adopted brothers, sisters, aunts, uncles, step-siblings, grandparents, nephews, and nieces within the fifth degree of kinship.*

Part-Time Child Care Rate: *Refers to the rate for enrollment and/or attendance that is less then five (5) hours each day.*

Preschool Child: *A child whose age is two (2) years to six (6) years. This term* ***does not include*** *children enrolled in Kindergarten and First Grade.*

Site Administered Child Care Rate: *Refers to the portion of the IDHS Child Care Program managed by child care providers and/or networks. These providers determine eligibility and bill IDHS directly for services.*

Teen Parent: *A custodial parent whose age is between thirteen (13) and nineteen (19) years and who is enrolled in high school or a GED program.*

Toddler: *A child whose age is fifteen (15) months to two (2) years.*

Transportation Time: *The time it takes a parent to travel between the child care provide and their employer or training program.*

APPENDICES

Illinois Network of Child Care Resource & Referral Agencies

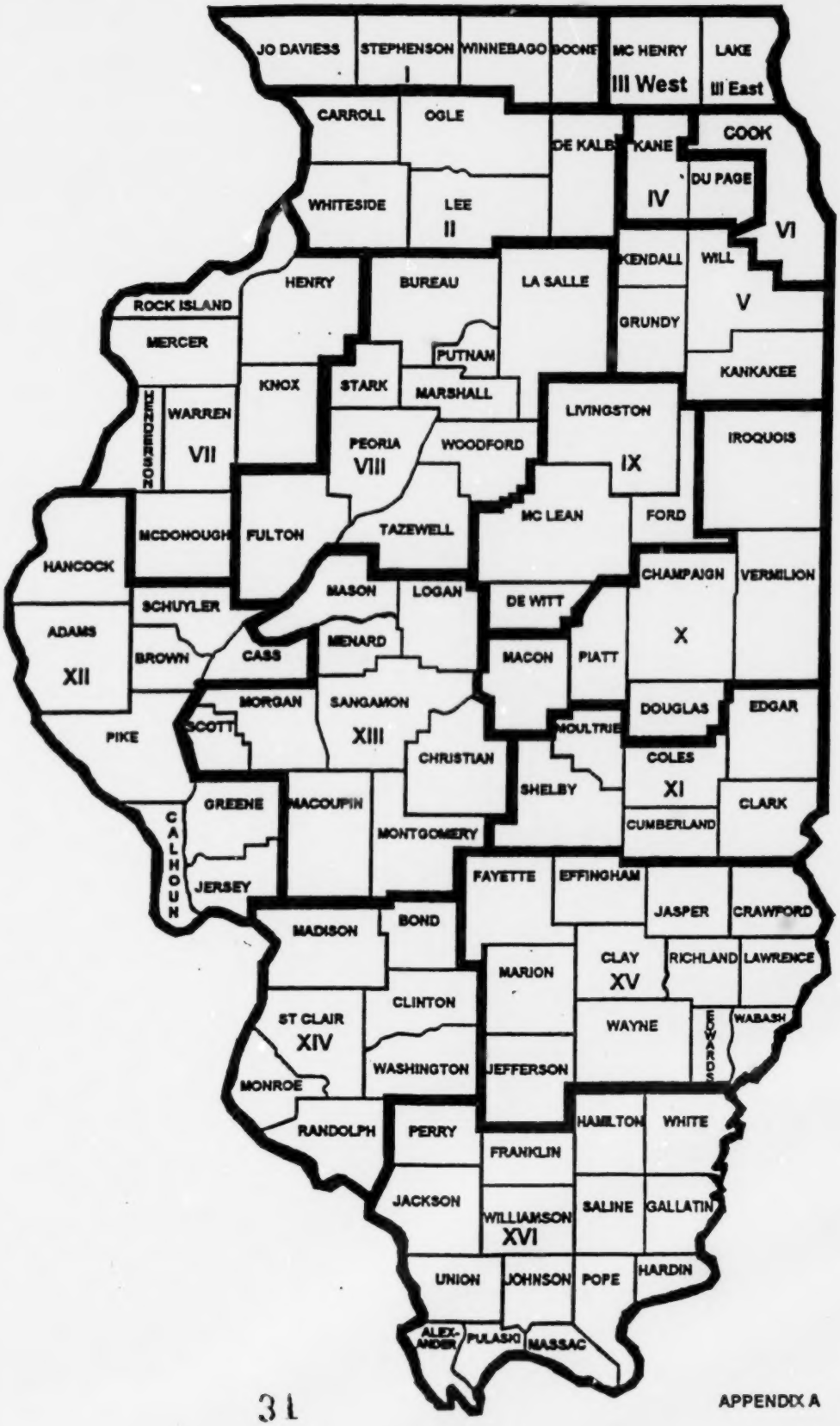
PPENDIX A — Membership Roster -- January 2001

SDA	PROGRAM NAME	ADDRESS	NUMBERS	CONTACT PERSON	EXT
I	**YWCA Child Care Solutions**	4990 E State St Rockford, IL 61108	REF 815/484-9442 x106 888/225-7072 PROV 815/968-9691 x107 SUB 800/872-9780 x110 815/484-9448 TDD 815/968-9691 sdal@ywcachildcaresolutions.org	**Margaret Hallin** mhallin@ywcachildcaresolutions.org ADM 815/484-9442 FAX 815/484-9456	102
II	**Community Coordinated Child Care (4-C)** Child Care Resource & Referral	155 N. Third Street Suite 300 DeKalb, IL 60115	REF 800/848-8727 x223 PROV 815/758-8149 x222 SUB 815/758-8149 x228 TDD 800/848-8727 x239 ccrrsda2@tbcnet.com	**Brazilian Thurman** bthurman@tbcnet.com ADM 815/758-8149 FAX 815/758-5652	230
III-E	**YWCA Child Care Resource & Referral** YWCA of Lake County	2133 Belvidere Road Waukegan, IL 60085	REF 800/244-5376 847/662-4247 847/782-2381 PROV 847/782-2384 SUB 847/662-6129	**Fran Calvert** ADM 847/662-4247 FAX 847/662-4752	
III-W	**YMCA of McHenry County** Child Care Resource & Referral	P.O. Box 1139 Crystal Lake, IL 60039 (mailing address) 701 Manor Street (60014) (shipping address)	REF 815/459-4459 x 27 & 847/516-0037 x 27 PROV 815/459-4459 x20 SUB 815/459-4459 x26	**Jan Fox** 27 **Barbara Hardt** 39 ymca@mc.net ADM 815/459-4459 FAX 815/459-6876	
IV	**YWCA Child Care Resource & Referral** YWCA Metro Chicago/DuPage District	739 Roosevelt Road Bldg. 8, Suite 210 Glen Ellyn, IL 60137	REF 630/790-8137 PROV 630/790-3030 SUB 630/790-8009 TDD 630/790-8137	**Elsie Mills** 239 emills@ywcadupage.org ADM 630/790-6600 **Melissa Szymczak** 459 mszymczak@ywcadupage.org ADM 630/790-3030 FAX 630/790-2748	
V	**Child Care Resource & Referral** Paula Steffen--childcaresda5@hotmail.com Tammy Notter--trainingsda5@hotmail.com Vanessa Douglas-recruitsda5@hotmail.com Marianne Avon--mavonsda5@hotmail.com	2317 W. Jefferson St. Suite 201 Joliet, IL 60435	PROV 815/741-1163 REF 800/552-5526 SUB 815/741-4622 SUB 800/641-4622 Subsidy-Amy Emerson--amysda05@hotmail.com	**Chris Bzdon** cbsda5@hotmail.com ADM 815/741-1163 FAX 815/741-1170	19
VI DCAC	**Cook County Child Care Resouce & Referral** A cooperative venture of Day Care Action Council/Child Care Initiatives of Hull House Association	Day Care Action Council 4753 N. Broadway Suite 1200 Chicago, IL 60640	REF 773/769-8000 referrals@daycareaction.org SUB 773/564-8800 ADM 773/561-7900 FAX 773/561-2256	**Maria Whelan** whelanm@daycareaction.org ADM 773/769-8011 **Cynthia Hepner** hepnerc@daycareaction.org ADM 773/769-8024	
VI CCI	Clients should be directed to: 1880 W Fullerton Ave Building A, 2nd Floor Chicago, IL 60614-1924 (mail will be shuttled between the two twice a day)	Child Care Initiatives of Hull House Association mail only--no walk-in clients 2745 N Elston Ave Ste. 300 Chicago, IL 60647	REF 773/769-8000 PROV 773/687-4000 SUB 773/687-4000 TDD 312/880-1479 Beverly Morris 773/687-4004 bev@ccihha.org	**Pat Bennett** PBR@ccihha.org ADM 773/687-4003 FAX 773/862-9192	
VII	**Community Child Care Resource & Referral Center** A Unit of East Central TRAIN	2804 Eastern Avenue Davenport, IA 52803	REF 319/324-1302 800/369-3778 SUB 319/324-7844 800/923-7844	**Mary Jo Huddleston** mjhuddleston@iowatrain.org ADM 319/324-1302 FAX 319/324-7736	402

INCCRRA Membership Roster

SDA	PROGRAM NAME	ADDRESS	NUMBERS	CONTACT PERSON	EXT
VIII	**Child Care Connection** Illinois Central College	One College Drive E. Peoria, IL 61635-0001 cccsubsidy@icc.cc.il.us cccreferral@icc.cc.il.us ccctrain@icc.cc.il.us	REF 309/679-0400 800/421-4371 SUB 309/679-0945 800/301-3304 ccc@icc.cc.il.us (general)	**Jan Deissler** jdeissler@icc.cc.il.us ADM 309/681-5322 FAX 309/679-9755	
IX	**Child Care Resource & Referral Network**	207 W. Jefferson Suite 301 Bloomington, IL 61701	REF 309/828-1892 800/437-8256 SUB 309/828-1892 800/437-8256 E-mail info@ccrm.com	**Pam Womack** pam@ccrm.com ADM 309/828-1892 FAX 309/828-0526	16
X	**Child Care Resource Service** University of Illinois	166 Bevier Hall 905 S. Goodwin Avenue Urbana, IL 61801	REF 217/333/3252 Champaign County REF 800/325-5516 elsewhere SUB 800/379-7406 or 217/244-6188	**Judy Hartley** hartleyj@hcd.aces.uiuc.edu ADM 217/244-7356 FAX 217/333-6901 **Dale Montanelli** montanel@uiuc.edu ADM 217/333-6366 FAX 217/333-6901	
XI	**Child Care Resource & Referral** Eastern Illinois University	Eastern Illinois University School of Family & Consumer Sciences Klehm Hall, Room 107 600 Lincoln Ave Charleston, IL 61920	REF 217/581-6698 800/545-7439 PROV 800/545-7439 SUB 217-581-7081 800-643-1026	**Jayne Ozier** cfsjo@eiu.edu ADM 217/581-2124 FAX 217/581-7084 **Jackie Swango** csjs@eiu.edu 217/581-6991	
XII	**West Central Child Care** **Connection**	WCU Bldg. Room 610 510 Maine Street Quincy, IL 62301	REF 217/222-2550 or 800/782-7318 SUB 217/222-2592	**Karen Points** karen@wcccc.com ADM 217/222-2550 FAX 217/222-3133	
XIII	**Community Child Care** **Connection, Inc.**	1004 N Milton Avenue Springfield, IL 62702-4430	217/525-2805 TTY Springfield 800/676-2805 TTY elsewhere SUB 217/525-2894 FAX E-MAIL cccc@childcaresolutions.org	**Jane Priest** jpriest@childcaresolutions.org ADM 217/525-2805 FAX 217/525-5859	8132
XIV	**CHASI-Child Care** **Resource & Referral Program**	2133 Johnson Rd Suite 100A Granite City, IL 62040	REF 800/467-9200 PROV 800/467-9200 SUB 800/847-6770	**Janet Maruna** jmaruna@sw.chasi.org **Kim Hunt** khunt@sw.chasi.org ADM 618/452-8900 FAX 618/452-9136	134 123
XV	**Project CHILD: Child Care** **Resource & Referral**	1100B South 42nd Street P.O. Box 827 Mt. Vernon, IL 62864	REF 800/362-7257 PROV 618/244-2210 prochild@rlc.cc.il.us	**Tranae Brockhouse** tranae@rlc.cc.il.us ADM 618/244-2210 FAX 618/244-5209	103
XVI	**Child Care Resource & Referral**	John A. Logan College 700 Logan College Road Carterville, IL 62918	REF 800/232-0908 SUB 800/548-5563 ADM 618/985-5975	**Lori Longueville** llccrrjl@jal.cc.il.us Direct line 618/985-5986 **Mary Ellen Abell** ADM 618/985-2828 FAX 618/985-3528	 8217

ILLINOIS CHILD CARE RESOURCE AND REFERRAL SYSTEM



APPENDIX A

State of Illinois
Department of Human Services

CHILD CARE APPLICATION

APPENDIX B

Client Name and Address:

Return to:

To find out if you qualify for child care benefits, mail the completed application to the return address above. **If you're employed, attach copies of your 2 most recent paystubs. If you don't have 2 recent paystubs, attach a letter from your employer verifying your employment and wages.** Your provider must complete and sign pages 3 and 4 of this application. If you have more than one provider, complete additional copies of pages 3 and 4 and attach. You and your provider will be notified within 30 days after we receive your completed application of approval or denial.

If your child care provider is not one of the legal child care arrangements listed on page 4 or if your provider is not willing to be paid by the Department directly, contact your Child Care Resource and Referral (CCR&R) agency. They may be able to help you find a new provider.

The Department reserves the right to require proof of all information in this document.

APPLICANT INFORMATION

If you have more than one employer, complete an additional copy of page 1 and attach.

FIRST NAME	LAST NAME		
STREET ADDRESS			
CITY	ST: IL	ZIP CODE	COUNTY
TELEPHONE NUMBERS (Include Area Code) HM:	WK:		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	M / F	

REASON FOR CHILD CARE:
- ☐ 1 - Employment, including on-the-job training
- ☐ 2 - Training/Education
- ☐ 3 - Both Employment and Training/Education
- ☐ 4 - Other: _____

EMPLOYER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

NAME OF SCHOOL		
STREET ADDRESS		
CITY	STATE	ZIP CODE

DATE YOU STARTED WORKING

DO YOU RECEIVE HEALTH INS FROM YOUR EMPLOYER?
☐ YES ☐ NO

List the hours YOU attend work and/or school or training. If your schedule varies, list the average hours or days.

		MON	TUE	WED	THU	FRI	SAT	SUN
HOURS AT WORK	FROM:							
	TO:							
HOURS AT SCHOOL OR TRAINING	FROM:							
	TO:							

MY SCHEDULE VARIES BY: ☐ Days ☐ Hours ☐ Rotating Schedule

PAY SCHEDULE: ☐ 1 - Weekly ☐ 2 - Every 2 Weeks ☐ 3 - Twice a Month ☐ 4 - Once a Month

NUMBER OF HOURS YOU WORK EACH WEEK

HOURLY WAGE

HOW MUCH TIME DOES IT USUALLY TAKE TO GET FROM YOUR PROVIDER TO PLACE OF WORK OR SCHOOL/TRAINING

APPLICANT'S NAME: _____

OTHER PARENT/STEPPARENT INFORMATION

IS THE OTHER PARENT OR STEPPARENT OF ANY OF THE CHILDREN LIVING IN YOUR HOME? ☐ YES ☐ NO

If YES, complete the Other Parent/Stepparent Information below:

IS THE OTHER PARENT OR STEPPARENT WORKING? ☐ YES ☐ NO (IF YES, ATTACH COPIES OF 2 MOST

IS THE OTHER PARENT OR STEPPARENT ATTENDING SCHOOL? ☐ YES ☐ NO RECENT PAYSTUBS)

IF THE OTHER PARENT OR STEPPARENT IS NOT WORKING OR ATTENDING SCHOOL, WHY CAN'T HE/SHE CARE FOR THE CHILDREN?

FIRST NAME	LAST NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH

EMPLOYER'S NAME OR NAME OF SCHOOL	STREET ADDRESS

CITY	STATE	ZIP CODE	WORK / SCHOOL TELEPHONE (Include Area Code)

DATE STARTED WORKING		MON	TUE	WED	THU	FRI	SAT	SUN
	HOURS AT WORK OR SCHOOL FROM:							
	HOURS AT WORK OR SCHOOL TO:							

PAY SCHEDULE: ☐ 1 - Weekly ☐ 2 - Every 2 Weeks ☐ 3 - Twice a Month ☐ 4 - Once a Month

NUMBER OF HOURS YOU WORK EACH WEEK	HOURLY WAGE	HOW MUCH TIME DOES IT USUALLY TAKE TO GET FROM YOUR PROVIDER TO PLACE OF WORK OR SCHOOL/TRAINING

FAMILY INCOME

☐ FAMILY SIZE "Family" means the applicant, child's biological, step or adoptive parent(s) (if living in the household), and the biological or adopted minor children living in the same household. Other persons related by blood or law may also be counted in family size if they are dependent on the family for more than 50% of their support.

ENTER THE MONTHLY INCOME FOR YOUR FAMILY BELOW Include income for all persons counted in Family Size.

GROSS EMPLOYMENT INCOME INCLUDING TIPS AND SELF-EMPLOYMENT (Attach copies of 2 most recent paystubs for each employed person.) _____

AMOUNT OF CHILD SUPPORT RECEIVED BY APPLICANT _____

AMOUNT OF CHILD SUPPORT PAID BY APPLICANT'S FAMILY (Deducted when totaling Monthly Family Income) _____

TANF CASH ASSISTANCE GRANT _____

OTHER FEDERAL CASH INCOME (FOR EXAMPLE SOCIAL SECURITY PAYMENTS FOR ALL FAMILY MEMBERS AND RAILROAD RETIREMENT BENEFITS) _____

OTHER MONTHLY INCOME (FOR EXAMPLE DIVIDENDS, INTEREST, NET RENTAL INCOME, ROYALTIES, PENSIONS, ANNUITIES, ALIMONY, ONGOING MONTHLY ADOPTION ASSISTANCE PAYMENTS FROM DCFS, VETEREN'S PENSION, UNEMPLOYMENT COMPENSATION, WORKMAN'S COMPENSATION, SURVIVOR'S BENEFITS, AND PERMANENT DISABILITY PAYMENTS) _____

TOTAL _____

HOUSING CASH ASSISTANCE INCLUDING VOUCHERS WITH SPECIFIC CASH VALUE (For Federal reporting purposes only, does not count when totaling Monthly Family Income) _____

INFORMATION FOR CHILDREN RECEIVING CHILD CARE Children age 13 or older are eligible for child care benefits only if physically or mentally incapable of self care or under court supervision.

FIRST NAME	LAST NAME	M/F	RACE*	DATE OF BIRTH	SOCIAL SECURITY NUMBER

*FOR EACH CHILD'S RACE, ENTER A NUMBER LISTED BELOW:

1 - White, not Hispanic origin
2 - Black, not of Hispanic origin
3 - Hispanic
4 - Asian or Pacific Islander (Oriental)
5 - American Indian or Alaska Native
6 - Other (including children of more than one race)

APPLICANT'S NAME: _____

CHILD CARE ARRANGEMENT

To be completed by the applicant and provider. A separate page 3 and 4 must be completed for each provider.

NAME OF PROVIDER	DATE PROVIDER BEGAN CARING FOR THE CHILDREN LISTED BELOW

List only the children that will be cared for by this provider. If the schedule varies, list the average days or hours.

CHILD'S NAME		DAILY HOURS THE CHILD WILL BE CARED FOR							DAILY RATE
		MON	TUE	WED	THU	FRI	SAT	SUN	
	FROM:								
	TO:								
	FROM:								
	TO:								
	FROM:								
	TO:								
	FROM:								
	TO:								
	FROM:								
	TO:								

THE SCHEDULE VARIES BY: ☐ Days ☐ Hours ☐ Rotating Schedule

DO YOU HAVE MORE THAN ONE PROVIDER? ☐ YES ☐ NO

PARENT CO-PAYMENT - The parent is required to help pay for the cost of their child care. The parent MUST make a payment, called the "parent co-payment", to their provider each month. The parent co-payment is based on gross annual income, family size, and number of children receiving care. The amount of the parent co-payment will be shown on the Approval Notice. The Department will pay the provider directly for the remaining child care charges up to the maximum rate. The provider is responsible for collecting the parent co-payment.

MAXIMUM RATES - For a License Exempt Day Care Home, a Non-Relative in the Child's Home, and a Relative, the maximum full-day rate is $8.98. The maximum part-day rate is $4.49. The full-day rate applies for care provided five or more hours. The part-day rate applies for care provided less than 5 hours. These rates were effective 7-1-96. For the maximum rates for Day Care Centers and Licensed Day Care Homes, contact your Child Care Resource and Referral (CCR&R) agency.

I understand that I am responsible for collecting the parent co-payment. I certify to the best of my knowledge and belief, the Child Care Arrangement information is true, correct, and complete. I understand that the information provided will be disclosed only for administration purposes and that I may be required to verify the information I have provided. I understand giving false information or failure to provide correct information can result in referral for prosecution for fraud.

Child Care Provider Signature: _____ Date: _____

APPLICANT CERTIFICATION

After each of the following statements have been read, the applicant certifies that:

The child(ren) is current on all immunizations and verification is on file with each provider.

A review of each facility/home has been completed and I agree that it is a safe environment.

I have given written notification to each provider IF I want anyone other than myself to pick up the child(ren).

An emergency phone number, written consent for medical care and for dispensing prescription medication has been given to each provider.

The name of the family physician is on file with each provider.

I am responsible for the selection of the child care providers for my child(ren).

I will report any change in child care arrangements or employment in 5 days. Failure to report timely may result in loss of child care benefits.

I certify that all of the above statements are true. I also certify to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand that the information provided will be disclosed only for administration purposes and that I may be required to verify the information I have provided. I understand that I have the right to appeal and to have a fair hearing of a grievance. I understand giving false information or failure to provide correct information can result in referral for prosecution for fraud.

Applicant's Signature: _____ Date: _____

APPLICANT'S NAME: _____

PROVIDER INFORMATION

To be completed by the provider. Each provider must complete a separate page 3 and 4.

NAME OF PROVIDER (If your business is a sole proprietorship, use the owner's name.)		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER (Include Area Code)	COUNTY	

Provider's name and address will be given to the local Child Care Resource and Referral (CCR&R) agency for the purpose of notification of training activities and other services.

SOCIAL SECURITY NUMBER (If Individual or Sole Proprietorship)	FEIN (If Corporation or Partnership)	GOVT UNIT CODE (If Public School Dist or Park Dist)
DATE OF BIRTH (Enter if Individual Exempt from Licensing)	ARE YOU THE PARENT OR STEPPARENT OF ANY OF THE CHILDREN? ☐ YES ☐ NO	

LEGAL CARE ARRANGEMENTS

You must be at least 18 years of age to be approved to provide child care services. Parents or stepparents may not be paid to provide child care for their own children. Children age 13 or older are eligible for child care benefits only if physically or mentally incapable of self care or under court supervision.

☐ LICENSED DAY CARE CENTER (760) * * **DCFS Day Care License Number:** _____
(Not Foster Care License Number)

☐ DAY CARE CENTER EXEMPT FROM LICENSING (761) **LICENSE CAPACITY:** _____

☐ LICENSED DAY CARE HOME (762) * **LICENSE EXPIRATION DATE:** _____
No more than the number of children the provider is licensed for may be cared for, including the provider's own children. No more than 8 children may be cared for without an assistant.

☐ LICENSED GROUP DAY CARE HOME (763) *
No more than the number of children the provider is licensed for may be cared for, including the provider's own children.

☐ DAY CARE HOME EXEMPT FROM LICENSING (764)
No more than 3 unrelated children may be cared for, including the provider's own children, unless all children are from the same household.

☐ RELATIVE (EXEMPT FROM LICENSING) (765)
Care provided in the home of a relative. No more than 3 children may be cared for, including the provider's own children, unless all children are from the same household.

☐ NON-RELATIVE (EXEMPT FROM LICENSING) (766)
Care provided in the home of the child. No more than 3 children may be cared for, including the provider's own children, unless all children are from the same household.

☐ RELATIVE (EXEMPT FROM LICENSING) (767)
Care provided in the home of the child. No more than 3 children may be cared for, including the provider's own children, unless all children are from the same household.

PROVIDER CERTIFICATION

After each of the following statements have been read, the provider certifies that:

Parents will have unrestricted access to their children at all times.

All state and local fire, health, and safety codes have been followed.

All child care providers/staff will have a physical examination no more than two years old and a TB skin test documented and on file in the facility/home within 90 days of my signing this form. The TB skin test is to be no older than the time providers/staff began providing child care services.

All cleaning agents, poisons, and other hazardous materials are stored in an area inaccessible to the child(ren).

There are no firearms or ammunition in the home OR any firearms and ammunition in the home are in a locked cabinet or locked storage at all times.

First aid supplies are readily available.

There will be no corporal punishment.

The children will be provided with developmentally appropriate play activities.

The children will be supervised (indoors and outdoors) at all times.

I have not been responsible for the abuse or neglect of children in the past five (5) years or been responsible for acts of sexual molestation or sexual exploitation of children in the past twenty (20) years. I authorize the Department to check the Child Abuse and Neglect Tracking System (CANTS) to confirm this information.

Have you ever been convicted of anything other than a minor traffic violation? ☐ YES ☐ NO

If YES, please explain: _____ (ATTACH A SEPARATE PAGE IF NEEDED.)

I certify that all of the above statements are true. I also certify to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand that the information provided will be disclosed only for administration purposes and that I may be required to verify the information. I also certify that the rate(s) charged to the State of Illinois do not exceed those charged to the general public for similar services and do not exceed the maximum allowed by the State. Provider completion mandatory, 305 ILCS P.A. Code, penalty non-payment. I understand giving false information or failure to provide correct information can result in referral for prosecution for fraud.

Child Care Provider Signature: _____ Date: _____

State of Illinois
Department of Human Services

APPENDIX C

CHILD CARE PAYMENT RATES

Effective July 1, 2000

The rates listed below are the maximum rates that the Department will pay per day.

- For care provided less than 5 hours per day, use the part-day or school age-day rate.
- For care provided from 5 through 12 hours per day, use the full-day rate.
- For care provided more than 12 hours but less than 17 hours in a day, use the full-day rate for the first 12 hours and the part-day rate for the remainder.
- For care provided from 17 through 24 hours in a day, use the full-day rate for the first 12 hours and the full-day rate for the remainder.

	GROUP IA COUNTIES Cook Kendall DuPage Lake Kane McHenry				
	Under 2½		2½ and Older		
	Full-Day	Part-Day	Full-Day	Part-Day	School Age-Day
Licensed and Licensed Exempt Day Care Center 760, 761	$33.77	$16.89	$24.34	$12.17	$12.17
Licensed Day Care Home or Licensed Group Day Care Home 762, 763	$21.53	$10.77	$20.50	$10.25	N/A

	GROUP IB COUNTIES Boone McLean Sangamon Winnebago Champaign Monroe St. Clair Woodford DeKalb Ogle Tazewell Kankakee Peoria Whiteside Madison Rock Island Will				
	Under 2½		2½ and Older		
	Full-Day	Part-Day	Full-Day	Part-Day	School Age-Day
Licensed and Licensed Exempt Day Care Center 760, 761	$33.77	$16.89	$20.50	$10.25	$11.85
Licensed Day Care Home or Licensed Group Day Care Home 762, 763	$19.14	$9.57	$16.40	$8.20	N/A

	GROUP II COUNTIES All other counties not listed above				
	Under 2½		2½ and Older		
	Full-Day	Part-Day	Full-Day	Part-Day	School Age-Day
Licensed and Licensed Exempt Day Care Center 760, 761	$24.36	$12.18	$17.68	$8.84	$10.74
Licensed Day Care Home or Licensed Group Day Care Home 762, 763	$16.59	$8.30	$13.84	$6.92	N/A

	ALL COUNTIES All Children	
	Full-Day	Part-Day
Licensed Exempt Day Care Home, Non-Relative in Child's Home or Relative 764, 765, 766, 767	$9.48	$4.74

You cannot charge a parent receiving subsidized child care a higher rate than you charge your private paying clients.

APPENDIX D

Parent Co-Payment Calculation Worksheet

Client: _____ Case / Social Security No. _____

Gross Salary	Weekly	Bi-Weekly	Semi Monthly	Monthly
Mother's Gross Salary (Pay Stub #1)				
Mother's Gross Salary (Pay Stub #2)				
Father's Gross Salary (Pay Stub #1)				
Father's Gross Salary (Pay Stub #2)				
Other Household Member Salary (Pay Stub #1)				
Other Household Member Salary (Pay Stub #2)				
Total				
Average Income: (Pay Stub #1 + Pay Stub #2 Divided by 2)				
Adjust to Monthly Income	x4.333	x 2.1666	x 2	X 1
Gross Monthly Income				
Less: 10 % of Gross Monthly Income				
Adjusted Monthly Income from Salary				
Additional Income per Month				
Add: **Self Employment**				
TANF				
Alimony				
Child Support Received				
DCFS Adoption Assistance Payments				
Workers Compensation				
Social Security / SSI				
Disability				
Other: _____				
Subtract: Child Support Paid				
Total Monthly Income				

Total Monthly Income for Family		(Total Monthly Income - Weekly, Bi-Weekly, Semi Monthly and Monthly columns)	
Adjust to Annual Income	x 12		
Annual Income			
Family Size			
Number of Children in Child Care		Full Time:	Part Time:
Co-Payment Assessed	Weekly:		Monthly:

APPENDIX E

Illinois Department of Human Services
Child Care Fee Scale

	ANNUAL GROSS INCOME BY FAMILY SIZE							WEEKLY FEE BASED ON NUMBER OF CHILDREN IN CARE**						
% of SMI*	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8	1	2	3	4	5	6	7
10%	$3,533	$4,564	$5,195	$6,026	$6,858	$7,013	$7,169	$1	$2	$2	$2	$2	$2	$2
15%	$5,299	$6,546	$7,793	$9,039	$10,286	$10,520	$10,754	$3	$4	$4	$5	$5	$5	$6
20%	$7,065	$8,728	$10,390	$12,053	$13,715	$14,027	$14,338	$5	$7	$8	$8	$9	$9	$10
25%	$8,832	$10,910	$12,988	$15,066	$17,144	$17,533	$17,923	$8	$12	$12	$13	$14	$15	$15
30%	$10,598	$13,092	$15,585	$18,079	$20,573	$21,040	$21,508	$11	$16	$17	$18	$19	$20	$21
35%	$12,364	$15,274	$18,183	$21,092	$24,001	$24,547	$25,092	$15	$22	$23	$24	$25	$26	$27
40%	$14,131	$17,456	$20,780	$24,105	$27,430	$28,054	$28,677	$20	$34	$35	$36	$37	$38	$39
45%	$15,897	$19,638	$23,378	$27,118	$30,859	$31,560	$32,262	$25	$44	$45	$46	$47	$48	$49
50%	$17,663	$21,819	$25,975	$30,131	$34,288	$35,067	$35,846	$31	$54	$55	$56	$57	$58	$59

EXHIBIT

**State Median Income*

***Fee will be prorated for families needing only a partial day of child care.*

7/98

EXHIBI

State of Illinois
Department of Human Services

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective 7-1-98

Parents who have been approved for child care benefits are required to help pay for the cost of their child care.

- You MUST make a payment, called the Parent Co-Payment, to your child care provider each month.
- The amount of your parent co-payment is shown on the Approval Notice.
- The Department will pay your provider directly for the remaining child care charges up to the maximum rate. The Department will not pay for any child care charges over the maximum rate.
- Your provider will tell you when to pay the parent co-payment, each week or once a month. The total co-payment amount you pay your provider each month should be the same as the monthly co-payment amount listed on the Approval Notice.
- If you have more than one provider, only one provider will be assigned to collect the parent co-payment. The amount of the parent co-payment will be shown on the Approval Notice for the provider assigned to collect the parent co-payment. The Approval Notice will show if the provider is not assigned to collect the parent co-payment.
- The amount of your parent co-payment is based on annual income, family size, and number of children receiving child care. When calculating total annual income, 10% will be deducted from gross wages and salary from an employer. This 10% deduction does not apply to income from self-employment or other income like TANF.
- The parent co-payment amounts are listed below. If the majority of care for the month is for less than 5 hours per day for each child, the amount of the parent co-payment will be reduced by one-half.

Family Size 2		
	1 CHILD	
Annual Income	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 3,533	4.33	1.00
3,534 - 5,299	13.00	3.00
5,300 - 7,065	21.67	5.00
7,066 - 8,832	34.66	8.00
8,833 - 10,598	47.66	11.00
10,599 - 12,364	65.00	15.00
12,365 - 14,131	86.66	20.00
14,132 - 15,897	108.33	25.00
15,898 - 17,663	134.32	31.00

Family Size 3				
	1 CHILD		2 CHILDREN	
Annual Income	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 4,564	4.33	1.00	8.67	2.00
4,565 - 6,546	13.00	3.00	17.33	4.00
6,547 - 8,728	21.67	5.00	30.33	7.00
8,729 - 10,910	34.66	8.00	52.00	12.00
10,911 - 13,092	47.66	11.00	69.33	16.00
13,093 - 15,274	65.00	15.00	95.33	22.00
15,275 - 17,456	86.66	20.00	147.32	34.00
17,457 - 19,638	108.33	25.00	190.65	44.00
19,639 - 21,819	134.32	31.00	233.98	54.00

Family Size 4						
	1 CHILD		2 CHILDREN		3 CHILDREN	
Annual Income	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 5,195	4.33	1.00	8.67	2.00	8.67	2.00
5,196 - 7,793	13.00	3.00	17.33	4.00	17.33	4.00
7,794 - 10,390	21.67	5.00	30.33	7.00	34.66	8.00
10,391 - 12,988	34.66	8.00	52.00	12.00	52.00	12.00
12,989 - 15,585	47.66	11.00	69.33	16.00	73.66	17.00
15,586 - 18,183	65.00	15.00	95.33	22.00	99.66	23.00
,184 - 20,780	86.66	20.00	147.32	34.00	151.66	35.00
,781 - 23,378	108.33	25.00	190.65	44.00	194.99	45.00
23,379 - 25,975	134.32	31.00	233.98	54.00	238.32	55.00

DHS 3455B (R-7-98)

Family Size 5

Annual Income	1 CHILD		2 CHILDREN		3 CHILDREN		4 CHILDREN	
	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 6,026	4.33	1.00	8.67	2.00	8.67	2.00	8.67	2.00
6,027 - 9,039	13.00	3.00	17.33	4.00	17.33	4.00	21.67	5.00
9,040 - 12,053	21.67	5.00	30.33	7.00	34.66	8.00	34.66	8.00
12,054 - 15,066	34.66	8.00	52.00	12.00	52.00	12.00	56.33	13.00
15,067 - 18,079	47.66	11.00	69.33	16.00	73.66	17.00	77.99	18.00
18,080 - 21,092	65.00	15.00	95.33	22.00	99.66	23.00	103.99	24.00
21,093 - 24,105	86.66	20.00	147.32	34.00	151.66	35.00	155.99	36.00
24,106 - 27,118	108.33	25.00	190.65	44.00	194.99	45.00	199.32	46.00
27,119 - 30,131	134.32	31.00	233.98	54.00	238.32	55.00	242.65	56.00

Family Size 6

Annual Income	1 CHILD		2 CHILDREN		3 CHILDREN		4 CHILDREN		5 CHILDREN	
	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 6,858	4.33	1.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00
6,859 - 10,286	13.00	3.00	17.33	4.00	17.33	4.00	21.67	5.00	21.67	5.00
10,287 - 13,715	21.67	5.00	30.33	7.00	34.66	8.00	34.66	8.00	39.00	9.00
13,716 - 17,144	34.66	8.00	52.00	12.00	52.00	12.00	56.33	13.00	60.66	14.00
17,145 - 20,573	47.66	11.00	69.33	16.00	73.66	17.00	77.99	18.00	82.33	19.00
20,574 - 24,001	65.00	15.00	95.33	22.00	99.66	23.00	103.99	24.00	108.33	25.00
24,002 - 27,430	86.66	20.00	147.32	34.00	151.66	35.00	155.99	36.00	160.32	37.00
27,431 - 30,859	108.33	25.00	190.65	44.00	194.99	45.00	199.32	46.00	203.65	47.00
30,860 - 34,288	134.32	31.00	233.98	54.00	238.32	55.00	242.65	56.00	246.98	57.00

Family Size 7

Annual Income	1 CHILD		2 CHILDREN		3 CHILDREN		4 CHILDREN		5 CHILDREN		6 CHILDREN	
	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 7,013	4.33	1.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00
7,014 - 10,520	13.00	3.00	17.33	4.00	17.33	4.00	21.67	5.00	21.67	5.00	21.67	5.00
10,521 - 14,027	21.67	5.00	30.33	7.00	34.66	8.00	34.66	8.00	39.00	9.00	39.00	9.00
14,028 - 17,533	34.66	8.00	52.00	12.00	52.00	12.00	56.33	13.00	60.66	14.00	65.00	15.00
17,534 - 21,040	47.66	11.00	69.33	16.00	73.66	17.00	77.99	18.00	82.33	19.00	86.66	20.00
21,041 - 24,547	65.00	15.00	95.33	22.00	99.66	23.00	103.99	24.00	108.33	25.00	112.66	26.00
24,548 - 28,054	86.66	20.00	147.32	34.00	151.66	35.00	155.99	36.00	160.32	37.00	164.65	38.00
28,055 - 31,560	108.33	25.00	190.65	44.00	194.99	45.00	199.32	46.00	203.65	47.00	207.98	48.00
31,561 - 35,067	134.32	31.00	233.98	54.00	238.32	55.00	242.65	56.00	246.98	57.00	251.31	58.00

Family Size 8

Annual Income	1 CHILD		2 CHILDREN		3 CHILDREN		4 CHILDREN		5 CHILDREN		6 CHILDREN		7 CHILDREN	
	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 7,169	4.33	1.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00
7,170 - 10,754	13.00	3.00	17.33	4.00	17.33	4.00	21.67	5.00	21.67	5.00	21.67	5.00	26.00	6.00
10,755 - 14,338	21.67	5.00	30.33	7.00	34.66	8.00	34.66	8.00	39.00	9.00	39.00	9.00	43.33	10.00
14,339 - 17,923	34.66	8.00	52.00	12.00	52.00	12.00	56.33	13.00	60.66	14.00	65.00	15.00	65.00	15.00
17,924 - 21,508	47.66	11.00	69.33	16.00	73.66	17.00	77.99	18.00	82.33	19.00	86.66	20.00	90.99	21.00
21,509 - 25,092	65.00	15.00	95.33	22.00	99.66	23.00	103.99	24.00	108.33	25.00	112.66	26.00	116.99	27.00
25,093 - 28,677	86.66	20.00	147.32	34.00	151.66	35.00	155.99	36.00	160.32	37.00	164.65	38.00	168.99	39.00
28,678 - 32,262	108.33	25.00	190.65	44.00	194.99	45.00	199.32	46.00	203.65	47.00	207.98	48.00	212.32	49.00
32,263 - 35,846	134.32	31.00	233.98	54.00	238.32	55.00	242.65	56.00	246.98	57.00	251.31	58.00	255.65	59.00

Illinois Department of Human Services

IMPORTANT PARENT CO-PAYMENT INFORMATION

Effective 7-1-98

Family Size 9

Annual Income	1 CHILD		2 CHILDREN		3 CHILDREN		4 CHILDREN		5 CHILDREN		6 CHILDREN		7 CHILDREN		8 CHILDREN	
	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 7,325	4.33	1.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	13.00	3.00
7,326 - 10,988	13.00	3.00	17.33	4.00	17.33	4.00	21.67	5.00	21.67	5.00	21.67	5.00	26.00	6.00	26.00	6.00
10,989 - 14,650	21.67	5.00	30.33	7.00	34.66	8.00	34.66	8.00	39.00	9.00	39.00	9.00	43.33	10.00	43.33	10.00
14,651 - 18,313	34.66	8.00	52.00	12.00	52.00	12.00	56.33	13.00	60.66	14.00	65.00	15.00	65.00	15.00	69.33	16.00
18,314 - 21,975	47.66	11.00	69.33	16.00	73.66	17.00	77.99	18.00	82.33	19.00	86.66	20.00	90.99	21.00	95.33	22.00
21,976 - 25,638	65.00	15.00	95.33	22.00	99.66	23.00	103.99	24.00	108.33	25.00	112.66	26.00	116.99	27.00	121.32	28.00
25,639 - 29,300	86.66	20.00	147.32	34.00	151.66	35.00	155.99	36.00	160.32	37.00	164.65	38.00	168.99	39.00	173.32	40.00
29,301 - 32,963	108.33	25.00	190.65	44.00	194.99	45.00	199.32	46.00	203.65	47.00	207.98	48.00	212.32	49.00	216.65	50.00
32,964 - 36,625	134.32	31.00	233.98	54.00	238.32	55.00	242.65	56.00	246.98	57.00	251.31	58.00	255.65	59.00	259.98	60.00

Family Size 10

Annual Income	1 CHILD		2 CHILDREN		3 CHILDREN		4 CHILDREN		5 CHILDREN		6 CHILDREN		7 CHILDREN		8 CHILDREN		9 CHILDREN	
	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 7,481	4.33	1.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	13.00	3.00	13.00	3.00
7,482 - 11,221	13.00	3.00	17.33	4.00	17.33	4.00	21.67	5.00	21.67	5.00	21.67	5.00	26.00	6.00	26.00	6.00	26.00	6.00
11,222 - 14,962	21.67	5.00	30.33	7.00	34.66	8.00	34.66	8.00	39.00	9.00	39.00	9.00	43.33	10.00	43.33	10.00	47.66	11.00
14,963 - 18,702	34.66	8.00	52.00	12.00	52.00	12.00	56.33	13.00	60.66	14.00	65.00	15.00	65.00	15.00	69.33	16.00	73.66	17.00
18,703 - 22,443	47.66	11.00	69.33	16.00	73.66	17.00	77.99	18.00	82.33	19.00	86.66	20.00	90.99	21.00	95.33	22.00	99.66	23.00
22,444 - 26,183	65.00	15.00	95.33	22.00	99.66	23.00	103.99	24.00	108.33	25.00	112.66	26.00	116.99	27.00	121.32	28.00	125.66	29.00
26,184 - 29,924	86.66	20.00	147.32	34.00	151.66	35.00	155.99	36.00	160.32	37.00	164.65	38.00	168.99	39.00	173.32	40.00	177.65	41.00
29,925 - 33,664	108.33	25.00	190.65	44.00	194.99	45.00	199.32	46.00	203.65	47.00	207.98	48.00	212.32	49.00	216.65	50.00	220.98	51.00
33,665 - 37,405	134.32	31.00	233.98	54.00	238.32	55.00	242.65	56.00	246.98	57.00	251.31	58.00	255.65	59.00	259.98	60.00	264.31	61.00

Family Size 11

Annual Income	1 CHILD		2 CHILDREN		3 CHILDREN		4 CHILDREN		5 CHILDREN		6 CHILDREN		7 CHILDREN		8 CHILDREN		9 CHILDREN		10 CHILDREN	
	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay	Monthly Co-Pay	Weekly Co-Pay
$ 0 - 7,637	4.33	1.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	8.67	2.00	13.00	3.00	13.00	3.00	13.00	3.00
7,638 - 11,455	13.00	3.00	17.33	4.00	17.33	4.00	21.67	5.00	21.67	5.00	21.67	5.00	26.00	6.00	26.00	6.00	26.00	6.00	26.00	6.00
11,456 - 15,274	21.67	5.00	30.33	7.00	34.66	8.00	34.66	8.00	39.00	9.00	39.00	9.00	43.33	10.00	43.33	10.00	47.66	11.00	47.66	11.00
15,275 - 19,092	34.66	8.00	52.00	12.00	52.00	12.00	56.33	13.00	60.66	14.00	65.00	15.00	65.00	15.00	69.33	16.00	73.66	17.00	77.99	18.00
19,093 - 22,910	47.66	11.00	69.33	16.00	73.66	17.00	77.99	18.00	82.33	19.00	86.66	20.00	90.99	21.00	95.33	22.00	99.66	23.00	103.99	24.00
22,911 - 26,729	65.00	15.00	95.33	22.00	99.66	23.00	103.99	24.00	108.33	25.00	112.66	26.00	116.99	27.00	121.32	28.00	125.66	29.00	129.99	30.00
26,730 - 30,547	86.66	20.00	147.32	34.00	151.66	35.00	155.99	36.00	160.32	37.00	164.65	38.00	168.99	39.00	173.32	40.00	177.65	41.00	181.99	42.00
30,548 - 34,366	108.33	25.00	190.65	44.00	194.99	45.00	199.32	46.00	203.65	47.00	207.98	48.00	212.32	49.00	216.65	50.00	220.98	51.00	225.32	52.00
34,367 - 38,184	134.32	31.00	233.98	54.00	238.32	55.00	242.65	56.00	246.98	57.00	251.31	58.00	255.65	59.00	259.98	60.00	264.31	61.00	268.65	62.00

APPENDIX F

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES

REQUEST FOR REDETERMINATION INFORMATION

Child Care Case #:_____

Date of Notice:_____
Approval Ending Date:_____
Reason for Child Care:_____
Caseload Code:_____

Client:

_____
_____
_____

Provider(s):

_____
_____
_____

Your eligibility for CHILD CARE needs to be redetermined at this time. Please complete and return this form to us at the address listed below. If we do not receive this information within 10 business days, your child care will be CANCELED. If you are having problems filling out this form, please contact us.

IF YOU'RE EMPLOYED, ATTACH COPIES OF YOUR 2 MOST RECENT PAYSTUBS.
IF YOU'RE ATTENDING A TANF REQUIRED ACTIVITY, ATTACH A COPY OF YOUR CURRENT RSP.
IF YOU'RE ATTENDING SCHOOL, ATTACH A COPY OF YOUR SCHOOL SCHEDULE AND MOST RECENT REPORT CARD.
IF YOU'RE A TEEN PARENT ATTENDING HIGH SCHOOL/GED, ONLY A COPY OF YOUR SCHOOL SCHEDULE IS NEEDED.

List a phone number where we can reach you during the day:

FOR OFFICE USE: REASON FOR CHILD CARE
___ 1) Work/On-the-job Training for TANF and Non-TANF
___ 2) TANF Education/Training Activity or Teen Parent in High School/GED
___ 3) TANF Work & Education/Training Activity or Teen Parent Work & High School/GED
___ 4) Non-TANF Education & Training

TYPE OF EDUCATION/TRAINING CURRENTLY ATTENDING (Check One)
___ 1) High School or GED
___ 2) Other Below Post-Secondary
___ 3) Occupational/Vocational
___ 4) 2 Year College Degree
___ 5) 4 Year College Degree

WORK INFORMATION

Employer/Company Name		Job Title	
Address	City	State	Zip Code
Phone Number Ext.		Date you started this job:	

Is this a new job since your last application/redetermination? ___ YES ___ NO

If YES, your previous employer's name: | Date previous job ended:

I earn (before taxes): COMPLETE ONE
_____ per hour _____ per week _____ per month _____ per year

I get paid (check one): ___ 1) Weekly ___ 2) Every 2 Weeks ___ 3) Twice a Month ___ 4) Monthly | Number of Hours Worked Weekly:

Be sure to complete the information on pages 2, 3 & 4 and MAIL OR HAND DELIVER (DO NOT FAX) to:

Case Name:

WORK SCHEDULE: Please give a typical work schedule (circle am or pm)

Does your schedule vary? Please Explain: _____		MON	TUE	WED	THU	FRI	SAT	SUN
	FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

Do you receive health insurance from your employer? ___ YES ___ NO

How long does it take to travel from the child care provider to work?

SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

School Name/Training Program	Phone Number

Address	City	State	ZipCode

How long does it take to travel from the child care provider to school?

SCHOOL SCHEDULE: Please complete the following schedule (circle am or pm)

Does your schedule vary? Please Explain: _____		MON	TUE	WED	THU	FRI	SAT	SUN
	FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

Is the other parent or stepparent of any of the children living in your home?

___ NO (Go to Family Information on page 3) ___ YES (Complete the section below)

OTHER PARENT/STEPPARENT INFORMATION

Is the other parent or stepparent working? ___ YES ___ NO
Is the other parent or stepparent attending school? ___ YES ___ NO
If the other parent/stepparent is not working or in school, why can't he/she care for the child(ren)?

Other Parent/Stepparent Last Name	First Name

Social Security Number	Date of Birth

WORK INFORMATION

Employer/Company Name	Job Title

Address	City	State	Zip Code

Phone Number Ext.	Date they started this job:

Is this a new job since the last application/redetermination? ___ YES ___ NO

If YES, previous employer's name:	Date previous job ended:

They earn (before taxes): COMPLETE ONE
_____ per hour _____ per week _____ per month _____ per year

They get paid (check one): ___ 1) Weekly ___ 2) Every 2 Weeks ___ 3) Twice a Month ___ 4) Monthly

Number of Hours Worked Weekly:

Case Name:

WORK SCHEDULE: Please give a typical work schedule (circle am or pm)

Does their schedule vary?
Please Explain: _____
_____
_____

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

Do they receive health insurance from their employer? YES NO

How long does it take to travel from the child care provider to work?

SCHOOL/TRAINING/TANF-REQUIRED ACTIVITY INFORMATION

School Name/Training Program		Phone Number	
Address	City	State	Zip Code

How long does it take to travel from the child care provider to school?

SCHOOL SCHEDULE: Please complete the following schedule (circle am or pm)

Does their schedule vary?
Please Explain: _____
_____
_____

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TO	am pm	am pm	am pm	am pm	am pm	am pm	am pm

FAMILY INFORMATION

What is your family size? _____ How many adults are in your family? _____
How many children are in your family? _____ How many children are receiving child care? _____
Family means the applicant (you); the biological, step or adoptive parent of any children requiring child care who are living in your household; and your biological or adoptive children living in the same household. Other persons who are related to you by blood or law may also be counted if they rely on you for 50% or more of their support.

INCOME INFORMATION: Enter the MONTHLY income for all family members counted in family size. If the income does not apply, write "N/A".

TYPE OF INCOME	CLIENT	FAMILY MEMBERS	FOR OFFICE USE
Gross Employment Income: including tips. Enter any self-employment income below. **Attach copies of 2 most recent pay stubs for each person.**			
Self-Employment Income			
Child Support Received			
TANF Cash Assistance			
Other Federal Cash Income: For example, Social Security payments and railroad benefits.			
Other Monthly Income: For example, interest income, royalties, pensions, annuities, alimony, ongoing monthly adoption assistance, unemployment compensation, DCFS payments, veteran's pension, survivor's benefits, and permanent disability payments.			
SUBTOTAL			
MINUS: Child Support Paid by Applicant's Family			
TOTAL			

Case Name:

Housing Cash Assistance Including Vouchers With Specific Cash Value:
(For Federal reporting, does not count when totaling Monthly Family Income)

FOR OFFICE USE: PARENT CO-PAYMENT

LIST THE CHILDREN CARED FOR BY EACH PROVIDER If your children go to school, preschool, or Headstart during the day, list only the hours that they are with the child care provider. (This is not a Provider Change Form.)

#1 Provider Name:

CHILD'S NAME	AGE		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM							
		TO							
		FROM							
		TO							
		FROM							
		TO							
		FROM							
		TO							

#2 Provider Name:

CHILD'S NAME	AGE		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM							
		TO							
		FROM							
		TO							
		FROM							
		TO							
		FROM							
		TO							

#3 Provider Name:

CHILD'S NAME	AGE		MON	TUE	WED	THU	FRI	SAT	SUN
		FROM							
		TO							
		FROM							
		TO							
		FROM							
		TO							
		FROM							
		TO							

I certify that:

- All of the above statements are true;
- The information provided is true, correct and accurate;
- The information provided will be disclosed only for administrative purposes and that I may be required to verify the information I have provided;
- I understand that I am responsible for paying a share of my child care costs (parent co-payment) to my provider and that failure to do so may result in the loss of child care benefits;
- I understand that I have the right to appeal and to have a fair hearing of a grievance;
- I understand that giving false information or failure to correct information can result in referral for prosecution for fraud.

Client's Signature: _____ Date: _____

Illinois Department of Human Services
BUREAU OF CHILD CARE AND DEVELOPMENT
CHANGE OF INFORMATION FORM

APPENDIX G

Child Care Case #:		Approval Ending Date:
Client Name:	Address:	
Provider 1:	FEIN#:	Fee Collected Here? Y N
Provider 2:	FEIN#:	Fee Collected Here? Y N

Please make the following changes to this case: **Effective Date:**

Name Change:			Reason:	
Marital Status Change (circle one):	Married	Divorced	Separated	Widowed
Change in Family Size: from	to	Reason:		
Change in Income circle one:	Applicant	Spouse	Both	New **Total** Monthly Income:

Client:	**Spouse:**
New Hours per Week:	New Hours per Week:
New Hourly Wage:	New Hourly Wage:
Change in Other Income:	Change in Other Income:
Client Total Monthly Income:	Spouse Total Monthly Income:
Reason: (e.g. job change, wage change, medical leave, etc.):	Reason:
Change in Employer:	Change in Employer:
New Employer:	New Employer:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:

Spouse Name: Social Security Number: Date of Birth:

Client's Change Work/School Schedule:		MON	TUES	WED	THUR	FRI	SAT	SUN
HOURS AT WORK	From:	am	am	am	am	am	am	am
	To:	pm	pm	pm	pm	pm	pm	pm
HOURS AT SCHOOL OR TRAINING	From:	am	am	am	am	am	am	am
	To:	pm	pm	pm	pm	pm	pm	pm
Spouse's Change Wk/Schl Schedule:		MON	TUES	WED	THUR	FRI	SAT	SUN
HOURS AT WORK	From:	am	am	am	am	am	am	am
	To:	pm	pm	pm	pm	pm	pm	pm
HOURS AT SCHOOL OR TRAINING	From:	am	am	am	am	am	am	am
	To:	pm	pm	pm	pm	pm	pm	pm

Change in Number of Children in Child Care: (circle one) Add Child Delete Child

Name of Child:	Date of Birth:	
Gender: (circle one) F M	Soc. Sec. Number:	Ethnic Origin:
If adding a child, please include:	Provider's Name:	Daily Rate FT or PT

Provider and/or Rate Change: (include changes in Full Time/Part Time Status)

Child's name	Provider name	New Daily Rate	FT or PT

Child Care Schedule Change: Daily Hours The Child Will Be In Care

CHILD'S NAME	MON	TUES	WED	THUR	FRI	SAT	SUN
	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm

Comments:

Client's Signature Date:

Staff Signature: Date: